



General Assembly

February Session, 2008

***Raised Bill No. 5906***

LCO No. 3033

\*03033\_\_\_\_\_HS\_\*

Referred to Committee on Human Services

Introduced by:  
(HS)

***AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS'  
RECOMMENDATIONS FOR TECHNICAL REVISIONS TO THE HUMAN  
SERVICES STATUTES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 17b-8 of the 2008 supplement to  
2 the general statutes is repealed and the following is substituted in lieu  
3 thereof (*Effective October 1, 2008*):

4 (a) The Commissioner of Social Services shall submit an application  
5 for a federal waiver of any assistance program requirements, except  
6 such application pertaining to routine operational issues, to the joint  
7 standing committees of the General Assembly having cognizance of  
8 matters relating to human services and appropriations and the budgets  
9 of state agencies prior to the submission of such application to the  
10 federal government. Not later than thirty days after the date of their  
11 receipt of such application, the joint standing committees shall: (1)  
12 Hold a public hearing on the waiver application, and (2) thereafter  
13 advise the commissioner of their approval, denial or modifications, if  
14 any, of the commissioner's application. If the joint standing committees  
15 advise the commissioner of their denial of the commissioner's

16 application, the commissioner shall not submit the application for a  
17 federal waiver to the federal government. If such committees do not  
18 concur, the committee chairpersons shall appoint a committee of  
19 conference which shall be [comprised] composed of three members  
20 from each joint standing committee. At least one member appointed  
21 from each joint standing committee shall be a member of the minority  
22 party. The report of the committee of conference shall be made to each  
23 joint standing committee, which shall vote to accept or reject the  
24 report. The report of the committee of conference may not be  
25 amended. If a joint standing committee rejects the report of the  
26 committee of conference, that joint standing committee shall notify the  
27 commissioner of the rejection and the commissioner's application shall  
28 be deemed approved. If the joint standing committees accept the  
29 report, the committee having cognizance of matters relating to  
30 appropriations and the budgets of state agencies shall advise the  
31 commissioner of their approval, denial or modifications, if any, of the  
32 commissioner's application. If the joint standing committees do not so  
33 advise the commissioner during the thirty-day period, the application  
34 shall be deemed approved. Any application for a federal waiver  
35 submitted by the commissioner, pursuant to this section, shall be in  
36 accordance with the approval or modifications, if any, of the joint  
37 standing committees of the General Assembly having cognizance of  
38 matters relating to human services and appropriations and the budgets  
39 of state agencies.

40 Sec. 2. Subsection (b) of section 17b-192 of the 2008 supplement to  
41 the general statutes is repealed and the following is substituted in lieu  
42 thereof (*Effective October 1, 2008*):

43 (b) Each person eligible for state-administered general assistance  
44 shall be entitled to receive medical care through a federally qualified  
45 health center or other primary care provider as determined by the  
46 commissioner. The Commissioner of Social Services shall determine  
47 appropriate service areas and shall, in the commissioner's discretion,  
48 contract with community health centers, other similar clinics, and

49 other primary care providers, if necessary, to assure access to primary  
 50 care services for recipients who live farther than a reasonable distance  
 51 from a federally qualified health center. The commissioner shall assign  
 52 and enroll eligible persons in federally qualified health centers and  
 53 with any other providers contracted for the program because of access  
 54 needs. Each person eligible for state-administered general assistance  
 55 shall be entitled to receive hospital services. Medical services under the  
 56 program shall be limited to the services provided by a federally  
 57 qualified health center, hospital, or other provider contracted for the  
 58 program at the commissioner's discretion because of access needs. The  
 59 commissioner shall ensure that ancillary services and specialty services  
 60 are provided by a federally qualified health center, hospital, or other  
 61 providers contracted for the program at the commissioner's discretion.  
 62 Ancillary services include, but are not limited to, radiology, laboratory,  
 63 and other diagnostic services not available from a recipient's assigned  
 64 primary-care provider, and durable medical equipment. Specialty  
 65 services are services provided by a physician with a specialty that are  
 66 not included in ancillary services. Ancillary or specialty services  
 67 provided under the program shall not exceed such services provided  
 68 under the state-administered general assistance program on July 1,  
 69 2003, except for nonemergency medical transportation and vision care  
 70 services which may be provided on a limited basis within available  
 71 appropriations. Notwithstanding any provision of this subsection, the  
 72 commissioner may [, when determined cost effective,] provide<sub>2</sub> or  
 73 require a contractor to provide<sub>2</sub> home health services or skilled nursing  
 74 facility coverage for state-administered general assistance recipients  
 75 being discharged from a chronic disease hospital when the provision  
 76 of such services or coverage is determined to be cost effective by the  
 77 commissioner.

78 Sec. 3. Subsection (a) of section 17b-261h of the 2008 supplement to  
 79 the general statutes is repealed and the following is substituted in lieu  
 80 thereof (*Effective October 1, 2008*):

81 (a) The Commissioner of Social Services shall, if required, seek a

82 waiver from federal law for the purpose of enhancing the enrollment  
83 of HUSKY Plan, Part A recipients in available employer-sponsored  
84 private health insurance. Such a waiver shall include, but shall not be  
85 limited to, provisions that: (1) Require the enrollment of HUSKY Plan,  
86 Part A parents, needy caretaker relatives and dependents in any  
87 available employer-sponsored health insurance to the maximum extent  
88 of available coverage as a condition of eligibility when determined to  
89 be cost effective by the Department of Social Services; (2) require a  
90 subsidy to be paid directly to the HUSKY Plan, Part A caretaker  
91 relative in an amount equal to the premium payment requirements of  
92 any available employer-sponsored health insurance paid by way of  
93 payroll deduction; and (3) assure HUSKY Plan, Part A coverage  
94 requirements for medical assistance not covered by any available  
95 [employment-sponsored] employer-sponsored health insurance.

96 Sec. 4. Subsection (b) of section 17b-265 of the 2008 supplement to  
97 the general statutes is repealed and the following is substituted in lieu  
98 thereof (*Effective October 1, 2008*):

99 (b) An applicant or recipient or legally liable relative, by the act of  
100 the [applicant] applicant's or [recipient] recipient's receiving medical  
101 assistance, shall be deemed to have made a subrogation assignment  
102 and an assignment of claim for benefits to the department. The  
103 department shall inform an applicant of such assignments at the time  
104 of application. Any entitlements from a contractual agreement with an  
105 applicant or recipient, legally liable relative or a state or federal  
106 program for such medical services, not to exceed the amount expended  
107 by the department, shall be so assigned. Such entitlements shall be  
108 directly reimbursable to the department by third party payors. The  
109 Department of Social Services may assign its right to subrogation or its  
110 entitlement to benefits to a designee or a health care provider  
111 participating in the Medicaid program and providing services to an  
112 applicant or recipient, in order to assist the provider in obtaining  
113 payment for such services. In accordance with subsection (b) of section  
114 38a-472, a provider that has received an assignment from the

115 department shall notify the recipient's health insurer or other legally  
116 liable third party including, but not limited to, a self-insured plan,  
117 group health plan, as defined in Section 607(1) of the Employee  
118 Retirement Income Security Act of 1974, service benefit plan, managed  
119 care organization, health care center, pharmacy benefit manager,  
120 dental benefit manager or other party that is, by statute, contract or  
121 agreement, legally responsible for payment of a claim for a health care  
122 item or service, of the assignment upon rendition of services to the  
123 applicant or recipient. Failure to so notify the health insurer or other  
124 legally liable third party shall render the provider ineligible for  
125 payment from the department. The provider shall notify the  
126 department of any request by the applicant or recipient or legally liable  
127 relative or representative of such applicant or recipient for billing  
128 information. This subsection shall not be construed to affect the right  
129 of an applicant or recipient to maintain an independent cause of action  
130 against such third party tortfeasor.

131 Sec. 5. Subsection (c) of section 17b-265e of the 2008 supplement to  
132 the general statutes is repealed and the following is substituted in lieu  
133 thereof (*Effective October 1, 2008*):

134 (c) The Department of Social Services shall, in accordance with the  
135 provisions of this section, pay claims for prescription drugs for  
136 Medicare Part D beneficiaries, who are also either Medicaid or  
137 ConnPACE recipients and who are denied coverage by the Medicare  
138 Part D plan in which such beneficiary is enrolled because a prescribed  
139 drug is not on the formulary utilized by such Medicare Part D plan.  
140 Payment shall initially be made by the department for a thirty-day  
141 supply, subject to any applicable copayment. The beneficiary shall  
142 appoint the commissioner as such beneficiary's representative for the  
143 purpose of appealing any denial of Medicare Part D benefits and for  
144 any other purpose allowed under [said act] Public Law 108-173, the  
145 Medicare Prescription Drug, Improvement, and Modernization Act of  
146 2003 and deemed necessary by the commissioner.

147       Sec. 6. Subsection (c) of section 17b-277 of the 2008 supplement to  
148       the general statutes is repealed and the following is substituted in lieu  
149       thereof (*Effective October 1, 2008*):

150       (c) On or before September 30, 2007, the Commissioner of Social  
151       Services [ ] shall submit a state plan amendment or, if required by the  
152       federal government, seek a waiver under federal law to provide health  
153       insurance coverage to pregnant women, who do not otherwise have  
154       creditable coverage, as defined in 42 USC 300gg(c), and who have  
155       income above one hundred eighty-five per cent of the federal poverty  
156       level but not in excess of two hundred fifty per cent of the federal  
157       poverty level. Following approval of such state plan amendment or  
158       approval of such waiver application, the commissioner, on or before  
159       January 1, 2008, shall implement the provisions of subsections (a) and  
160       (b) of this section.

161       Sec. 7. Subsection (j) of section 17b-292 of the 2008 supplement to the  
162       general statutes is repealed and the following is substituted in lieu  
163       thereof (*Effective October 1, 2008*):

164       (j) Not later than ten months after the determination of eligibility for  
165       benefits under the HUSKY Plan, Part A and Part B and annually  
166       thereafter, the commissioner or the servicer, as the case may be, shall,  
167       within existing budgetary resources, mail or, upon request of a  
168       participant, electronically transmit an application form to each  
169       participant in the plan for the purposes of obtaining information to  
170       make a determination on continued eligibility beyond the twelve  
171       months of initial eligibility. To the extent permitted by federal law, in  
172       determining eligibility for benefits under the HUSKY Plan, Part A or  
173       Part B with respect to family income, the commissioner or the servicer  
174       shall rely upon information provided in such form by the participant  
175       unless the commissioner or the servicer has reason to believe that such  
176       information is inaccurate or incomplete. The Department of Social  
177       Services shall annually review a random sample of cases to confirm  
178       that, based on the statistical sample, relying on such information is not

179 resulting in ineligible clients receiving benefits under HUSKY Plan  
180 Part A or Part B. The determination of eligibility shall be coordinated  
181 with health plan open enrollment periods.

182 Sec. 8. Subsection (b) of section 17b-353 of the 2008 supplement to  
183 the general statutes is repealed and the following is substituted in lieu  
184 thereof (*Effective October 1, 2008*):

185 (b) An applicant, prior to submitting a certificate of need  
186 application, shall request, in writing, application forms and  
187 instructions from the department. The request shall include: (1) The  
188 name of the applicant or applicants; (2) a statement indicating whether  
189 the application is for (A) a new, additional, expanded or replacement  
190 facility, service or function, (B) a termination or reduction in a  
191 presently authorized service or bed capacity, or (C) any new,  
192 additional or terminated beds and their type; (3) the estimated capital  
193 cost; (4) the town where the project is or will be located; and (5) a brief  
194 description of the proposed project. Such request shall be deemed a  
195 letter of intent. No certificate of need application shall be considered  
196 submitted to the department unless a current letter of intent, specific to  
197 the proposal and in accordance with the provisions of this subsection,  
198 has been on file with the department for not less than ten business  
199 days. For purposes of this subsection, "a current letter of intent" means  
200 a letter of intent on file with the department for not more than one  
201 hundred eighty days. A certificate of need application shall be deemed  
202 withdrawn by the department if a department completeness letter is  
203 not responded to within one hundred eighty days.

204 Sec. 9. Section 17b-733 of the 2008 supplement to the general statutes  
205 is repealed and the following is substituted in lieu thereof (*Effective*  
206 *October 1, 2008*):

207 The Department of Social Services shall be the lead agency for child  
208 day care services in Connecticut. The department shall: (1) Identify,  
209 annually, existing child day care services and maintain an inventory of  
210 all available services; (2) provide technical assistance to corporations

211 and private agencies in the development and expansion of child day  
212 care services for families at all income levels, including families of their  
213 employees and clients; (3) study and identify funding sources available  
214 for child day care including federal funds and tax benefits; (4) study  
215 the cost and availability of liability insurance for child day care  
216 providers; (5) provide, in conjunction with the Departments of  
217 Education and Higher Education, ongoing training for child day care  
218 providers including preparing videotaped workshops and distributing  
219 them to cable stations for broadcast on public access stations, and seek  
220 private donations to fund such training; (6) encourage child day care  
221 services to obtain accreditation; (7) develop a range of financing  
222 options for child care services, including the use of a tax-exempt bond  
223 program, a loan guarantee program and establishing a direct revolving  
224 loan program; (8) promote the colocation of child day care and school  
225 readiness programs pursuant to section 4b-31; (9) establish a  
226 performance-based evaluation system; (10) develop for  
227 recommendation to the Governor and the General Assembly measures  
228 to provide incentives for the private sector to develop and support  
229 expanded child day care services; (11) provide, within available funds  
230 and in conjunction with the temporary family assistance program as  
231 defined in section 17b-680, child day care to public assistance  
232 recipients; (12) develop and implement, with the assistance of the  
233 Child Day Care Council and the Departments of Public Health, Social  
234 Services, Education, Higher Education, Children and Families,  
235 Economic and Community Development and Consumer Protection, a  
236 state-wide coordinated child day care and early childhood education  
237 training system [(A)] for child day care centers, group day care homes  
238 and family day care homes that provide child day care services, and  
239 [(B)] that makes available to such providers and their staff, within  
240 available appropriations, scholarship assistance, career counseling and  
241 training, advancement in career ladders, as defined in section 4-124bb,  
242 through seamless articulation of levels of training, program  
243 accreditation support and other initiatives recommended by the  
244 Departments of Social Services, Education and Higher Education; (13)



245 plan and implement a unit cost reimbursement system for state-  
 246 funded child day care services such that, on and after January 1, 2008,  
 247 any increase in reimbursement shall be based on a requirement that  
 248 such centers meet the staff qualifications, as defined in subsection (b)  
 249 of section 10-16p of the 2008 supplement to the general statutes; (14)  
 250 develop, within available funds, initiatives to increase compensation  
 251 paid to child day care providers for educational opportunities,  
 252 including, but not limited to, (A) incentives for educational  
 253 advancement paid to persons employed by child day care centers  
 254 receiving state or federal funds, and (B) support for the establishment  
 255 and implementation by the Labor Commissioner of apprenticeship  
 256 programs for child day care workers pursuant to sections 31-22m to 31-  
 257 22q, inclusive, which programs shall be jointly administered by labor  
 258 and management trustees; (15) evaluate the effectiveness of any  
 259 initiatives developed pursuant to subdivision (14) of this section in  
 260 improving staff retention rates and the quality of education and care  
 261 provided to children; and (16) report annually to the Governor and the  
 262 General Assembly on the status of child day care in Connecticut. Such  
 263 report shall include (A) an itemization of the allocation of state and  
 264 federal funds for child care programs; (B) the number of children  
 265 served under each program so funded; (C) the number and type of  
 266 such programs, providers and support personnel; (D) state activities to  
 267 encourage partnership between the public and private sectors; (E)  
 268 average payments issued by the state for both part-time and full-time  
 269 child care; (F) range of family income and percentages served within  
 270 each range by such programs; and (G) age range of children served.

271 Sec. 10. Subsections (d) and (e) of section 46a-33a of the 2008  
 272 supplement to the general statutes are repealed and the following is  
 273 substituted in lieu thereof (*Effective October 1, 2008*):

274 (d) No person shall provide interpreting services in a medical  
 275 setting unless such person is registered with the commission according  
 276 to the provisions of this section and [holds] (1) holds a comprehensive  
 277 skills certificate from the National Registry of Interpreters for the Deaf,

278 (2) holds a certificate of interpretation or a certificate of transliteration  
279 from the National Registry of Interpreters for the Deaf, (3) holds a level  
280 four or higher certification from the National Association of the Deaf,  
281 (4) holds a reverse skills certificate or is a certified deaf interpreter  
282 under the National Registry of Interpreters of the Deaf, (5) for  
283 situations requiring an oral interpreter only, holds oral certification  
284 from the National Registry of Interpreters for the Deaf, (6) for  
285 situations requiring a cued speech transliterator only, holds  
286 certification from the National Training, Evaluation and Certification  
287 Unit and has passed the National Registry of Interpreters for the Deaf  
288 written generalist test, or (7) holds a National Association of the Deaf-  
289 National Registry of Interpreters for the Deaf national interpreting  
290 certificate.

291 (e) No person shall provide interpreting services in a legal setting  
292 unless such person is registered with the commission according to the  
293 provisions of this section and [holds] (1) holds a comprehensive skills  
294 certificate from the National Registry of Interpreters for the Deaf, (2)  
295 holds a certificate of interpretation and a certificate of transliteration  
296 from the National Registry of Interpreters for the Deaf, (3) holds a level  
297 five certification from the National Association of the Deaf, (4) holds a  
298 reverse skills certificate or is a certified deaf interpreter under the  
299 National Registry of Interpreters of the Deaf, (5) for situations  
300 requiring an oral interpreter only, holds oral certification from the  
301 National Registry of Interpreters for the Deaf, (6) for situations  
302 requiring a cued speech transliterator only, holds certification from the  
303 National Training, Evaluation and Certification Unit and has passed  
304 the National Registry of Interpreters for the Deaf written generalist  
305 test, or (7) holds a National Association of the Deaf-National Registry  
306 of Interpreters for the Deaf national interpreting certificate.

307 Sec. 11. Subdivision (3) of subsection (a) of section 46b-160 of the  
308 2008 supplement to the general statutes is repealed and the following  
309 is substituted in lieu thereof (*Effective October 1, 2008*):

310 (3) (A) The court, or any judge [,] or family support magistrate [,]  
311 assigned to said court, shall cause a summons, signed by such judge or  
312 magistrate, by the clerk of said court, or by a commissioner of the  
313 Superior Court to be issued, requiring the putative father to appear in  
314 court at a time and place as determined by the clerk but not more than  
315 ninety days after the issuance of the summons to show cause why the  
316 request for relief in such petition should not be granted.

317 (B) A state marshal, proper officer or investigator shall make due  
318 return of process to the court not less than twenty-one days before the  
319 date assigned for hearing. In the case of a child or expectant mother  
320 being supported wholly or in part by the state, service of such petition  
321 may be made by any investigator employed by the Department of  
322 Social Services and any proper officer authorized by law.

323 Sec. 12. Subsection (f) of section 46b-212j of the 2008 supplement to  
324 the general statutes is repealed and the following is substituted in lieu  
325 thereof (*Effective October 1, 2008*):

326 (f) The family support magistrate that determines by order which is  
327 the controlling order under [subdivisions] subdivision (1) or (2) of  
328 subsection (b) or subsection (c) of this section or that issues a new  
329 controlling order under subdivision (3) of subsection (b) of this section,  
330 shall state in the order: (1) The basis upon which the tribunal made its  
331 determination; (2) the amount of prospective support, if any; and (3)  
332 the total amount of consolidated arrears and accrued interest, if any,  
333 under all of the orders after all payments made are credited as  
334 provided by section 46b-212l of the 2008 supplement to the general  
335 statutes.

336 Sec. 13. Subsection (b) of section 46b-212p of the general statutes is  
337 repealed and the following is substituted in lieu thereof (*Effective*  
338 *October 1, 2008*):

339 (b) If requested by the responding tribunal, the family support  
340 magistrate shall issue a certificate or other document and make

341 findings required by the law of the responding state. If the responding  
342 state is a foreign country or political subdivision, upon request, the  
343 family support magistrate shall specify the amount of support sought,  
344 convert that amount into the equivalent amount in the foreign  
345 currency under the applicable official or market exchange rate as  
346 publicly reported and provide any other documents necessary to  
347 satisfy the requirements of the responding state.

348       Sec. 14. Subsection (a) of section 46b-213q of the 2008 supplement to  
349 the general statutes is repealed and the following is substituted in lieu  
350 thereof (*Effective October 1, 2008*):

351       (a) Except as provided in subsection (b) of section 46b-213r of the  
352 2008 supplement to the general statutes, in any matter where the  
353 Family Support Magistrate Division does not have jurisdiction  
354 pursuant to subsection (f) of this section, upon petition a family  
355 support magistrate may modify a child support order issued in  
356 another state which is registered in this state if, after notice and  
357 hearing, such magistrate finds that: (1) The following requirements are  
358 met: (A) Neither the child, nor the obligee who is an individual nor the  
359 obligor resides in the issuing state; (B) a petitioner who is a  
360 nonresident of this state seeks modification; and (C) the respondent is  
361 subject to the personal jurisdiction of the Family Support Magistrate  
362 Division; or (2) this state is the state of residence of the child or a party  
363 who is an individual is subject to the personal jurisdiction of the  
364 Family Support Magistrate Division and all of the parties who are  
365 individuals have filed consents in a record in the issuing tribunal for a  
366 family support magistrate to modify the support order and assume  
367 continuing exclusive jurisdiction.

368       Sec. 15. Subsection (d) of section 46b-213w of the 2008 supplement  
369 to the general statutes is repealed and the following is substituted in  
370 lieu thereof (*Effective October 1, 2008*):

371       (d) The employer shall treat an income withholding order issued in  
372 another state which appears regular on its face as if it had been issued

373 by a tribunal of this state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2008	17b-8(a)
Sec. 2	October 1, 2008	17b-192(b)
Sec. 3	October 1, 2008	17b-261h(a)
Sec. 4	October 1, 2008	17b-265(b)
Sec. 5	October 1, 2008	17b-265e(c)
Sec. 6	October 1, 2008	17b-277(c)
Sec. 7	October 1, 2008	17b-292(j)
Sec. 8	October 1, 2008	17b-353(b)
Sec. 9	October 1, 2008	17b-733
Sec. 10	October 1, 2008	46a-33a(d) and (e)
Sec. 11	October 1, 2008	46b-160(a)(3)
Sec. 12	October 1, 2008	46b-212j(f)
Sec. 13	October 1, 2008	46b-212p(b)
Sec. 14	October 1, 2008	46b-213q(a)
Sec. 15	October 1, 2008	46b-213w(d)

**Statement of Purpose:**

To make technical revisions to the human services statutes.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*